COPILE CARE CONTROL (\$1) Principles The chare Chordon

Charl Children

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Parting ID: Tremote

DEPAR	TIMENT OF HEALTH	AND HUMAN SERVICES	А	1_	1		
CENTE	RS FOR MEDICARI	& MEDICAID SERVICES	4£	5	<u> </u>		M APPROVED
	IT OF DEFICIENCIES OF CORRECTION	(XY) PROVIDERSOPPERINGUA ECOTERCATION MANERS	(02)	2) 142	TOUR CONSTRUCTION	00) OICE	0,0938-0391 Survey
			ΛĐ	BUTLO	ING	COMP	VENED
		46950£	s, was			12/14/2012	
HARDE	PROVIDER OR SUPPLIER		·I	31	REAL ADDRESS, CITY, STATE, 20- CODE	<u> </u>	, , ,, , , , , , , , , , , , , , , , ,
KEWPO	nt health and ref	ABILITATION CENTER			126 GENERATION DRIVE NEWPORT, THE 37821		-
(X4) ID	A) D SUMMARY STATEMENT OF DEFICIENCES SPIX (EACH DEFICIENCY MIST BE PRECEDED BY FULL		D		PROVIDERS PLANOF CORRECT	TON	(20) COMPLETION
PREPIX TAG	REGULATORY OR U	BC IDENTEYING INFORMISTORY	PACE		(SACH CONFECTIVE ACTION SHOU CROSS-REPERSICED TO THE APPRI DEFICIENCY)	KDBE OPRUTE	DATE COMPLETION
F 000	INITIAL COMMEN	TS	164	4	How will corrective action be accomplished for those reside		01/15/2013
	ï			•	found to have been affected by		0 1 () / 2013
		-14, 2012 the annual			deficient practice?	, ш	İ
		vey and investigation of	•		On 12/11/12, Housekeeping	ď	ł
	- 1	101 was completed.			Supervisor changed the private		
	483.10(e), 483.75(cartain surrounding Reside	nt # 60.	1
SS=D	PRIVACY/CONFIL	ENTIALITY OF RECORDS	. •		The privacy curtain is now		i
	confidentiality of hi	ne right to personal privacy and is or her personal and clinical	;		enough to enclose the bed to provide full visual privacy.	o	
	records.				How will the facility identify o	tker	1
		cludes accommodations, written and telephone			residents as having the potenti affected by the same deficient	ial to be	
į		ersonal care, visits, and			practice?		
		and resident groups, but this			On 12/11/12, the manageme		1
		e facility to provide a private			conducted an audit of the pr	rivacy	i
	room for each resid				curtains throughout the faci		Į.
l					Any curtains that were not		
į		l in paragraph (e)(3) of this			enough to fully enclose the		- 1
: 1		nt may approve or refuse the Land clinical records to any ne facility.	1		were replaced by housekeep staff.	mg	
į		······································	,	İ	What measures will be put in	place or	
ļ		to refuse release of personal	:		systemic changes made to ensi		1
'		does not apply when the			deficient practice will not recu	r?	į
į		red to another health care			The housekeeping staff has		i
Í	institution; or recon	d release is required by law.			educated by the Director of		1
	The foreign much be	ep confidential all information	÷		Environmental Services reg		• }
į		sident's records, regardless of	i		the requirement for the priva		
l		methods, except when			curtains to fully enclose the		1
į	release is required	by transfer to another			assure that when a curtain is		: 1
[n; law; third party payment			replaced, a proper size is he Ambassadors have been edu		
Ì	contract; or the rea				by Staff Development Coor		
					(SDC) to report to the Main		1
i		1000 to 2 at 25 at			Director if a mechanical pro		<u>. </u>
		NT is not met as evidenced			the reason a curtain will not		<u> </u>
<i>-70</i> 5]	by:				and to report to the Houseke		•
					Supervisor if the curtain is t		. (
					no that manuage can be tale.		•

repair or replace the curtain.



[&]quot;Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law."

ID PLAN	TOF DEPOSENCIES OF CORRECTION	DAI) PROVIDERSHEP LEPICLE DENTIFICATION RUNGER	(A. GENE)	LYPE CONSTRUCTION ONG	CMB NO. 0938- CMB DATE SUPPLEY COMPLETED	
		445504	D. 1974		12/1	4/2012
		MARILITATION CENTER	•	THE FACTORISE CITY, STATE ZIP COOR THE GENERATION ORIVE REMPORT, THE STREET		······································
(XA) IID PROSPIX TAG		NUMBER OF DEPOSITIONS Y MUST BE PRECIDED BY FULL SC CONTENTING MEORIDOTORS	PRETX TAG	PROVIDERS PLAN OF CORE EACH CORRECTIVE ACTION S CROSS HE ENERGED TO THE AP DEFICIENCY	CTION IOUD RE PROPERCIE	COMPLETION OF THE CONTROL OF THE CON
-			F 164 continued	The nursing staff, licensed is and Resident Care Specialis educated by the SDC regard requirement for privacy curt fully enclose the bed for full	ts was ing the ains to	01/15/20
ì	failed to provide for	age 1 ation and interview, the facility of visual privacy during care, t residents reviewed.		privacy, when care is being rendered. They were given t same instructions for reporti the Ambassadors.	be	
	The findings includ			Education of above target audiences will be complete I 1/15/13. Any staff member		
	17, 2012, with diag Diabetes Mellitus	•		completing education by this will complete prior to next scheduled shift.		
1	during a medicatio at 1:48 p.m., revea long enough to en	tion, in the resident's room, n pass, on December 11, 201 ded the privacy curtain was n close the bed to provide full he resident while care was	12. ol	Ambassador rounds (conduct Monday — Friday) will inclus observation of privacy curtain full bed enclosure. Any four to be long enough or working properly will be reported to the second of the second	de us for d not g	_
j ; 9 7 j	at the time of the o privacy curtain did	rised Practical Nurse (LPN) # bservation, confirmed the not close completely to provide		Housekeeping Supervisor or Maintenance Director.	the :	
	administered to the	hile medications were resident.		The Administrator will observate or curtains in 5 rooms of for 4 weeks then 5 rooms per month for 2 additional month assure that privacy curtains the enclose the beds.	weekly r is to	
	-					

How will the facility monitor its corrective actions to ensure that the deficient practice will not recur?

Findings will be reported to the Quality Assurance Performance Improvement Committee (QAPI) for a period of three months or until substantial compliance is determined by the QAPI committee.



NEMPO	SUMMARY STA		0	STINSIT ADDRESS. CITY, STATE, ZP CO		4/2012
NEMPO	PAT HEALTH AND RES			STREET ADDRESS, CITY, STATE, ZP CO		
TAG	EACH DESIGNATION	TRACT OF DEPCHAGES	NENPORT HEALTH AND REHABILITATION CENTER			
E 178		THUS BEPTREED BY FULL BEIDENFIFTING RECHBUCKING	PREST TAG		Rejuition ISHOULD BE APPHORNIE	COMPUTION (ANTE
\$8.00	An individual reside the interdisciplinary \$483.20(d)(2)(li), he practice is safe. This REQUIREMED by: Based on medical and interview the form of the resident (#25) was administration of a residents reviewed. The findings included Residents reviewed. The findings included Residents reviewed. The findings included Residents reviewed. The findings included Residents reviewed. The findings included Residents reviewed. The findings included Residents reviewed. The findings included Residents reviewed. The findings included reviewed. The findings included reviewed.	ent may self-administer drugery team, as defined by as determined that this NT is not met as evidenced record review, observation, scility failed to assure one assessed prior to self medication for one of forty end: admitted to the facility on 2, with diagnoses including ure, Hypertension and the Physician's recapitulation mber 1, 2012, revealed, "imes a day" dent #25 in the resident's 10, 2012, at 12:10 p.m., or mask in place with and no licensed staff in the	-	How will corrective action accomplished for those refound to have been affects deficient practice? Effective 12/11/12, Remow receiving a MD probabilizer treatment with nurse supervising residence as having the positive treatment was the will the facility identification for licensed and practice? The SDC and DON will education for licensed and need to remain with respectiving nebulizer treatment to safely administer their nebulizative administer their nebulizative atment.	sidents ed by the sident #25 is rescribed h a licensed ent until s completed. ify other tential to be lent l conduct taff on the idents tments. ussessed to elf-	01/15/20
į	nebulizer mask aro	servation reveated the und the resident's mouth and sition with no staff in view of	!			

PORM CME-2567(05-99) Previous Vocators Observe

DAM.	TOF DEPOSE CES OF CORRECTION	CAMENCARD SERVICES	(702)	UCIPLE CONSTRUCTOR	CAS NO. 0928-03 (X3) ONTE SURVEY COMPLETED	
		DENTIFICATION NUMBER		LOMIG		
	PROVIDER OR SUPPLER	445504	D. WRIGE		12/14/2012	
		HARLITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP COI 138 GENERATION DRIVE NEWFORT, TN 57821	¥.	
CAD ID REEFIX TAG		OFFICE OF DEPLOYMENTS THE PROCESS BY FULL LIC MENTIFYERS REFORMATIONS	PREST TING	PROVIDERS FLAN OF GOR SACR CORRECTIVE ACTION GROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	CONTRACTION CANTE
	December 10, 20 Registered Nurse confirmed the RN the room while the administered. Cor RN was not in sign medication was be	90 hait nurse's station on 12, at 12:35 p.m., with (RN) #1 at the nurse's desk started the medication and let e medication was still being ntinued interview confirmed the ht of the resident while the eing administered and the leen assessed for self	t.	what measures will be pasystemic changes made to deficient practice will not Education of above tar andiences will be completing education be will complete prior to a scheduled shift. Unit manager will observes cribed Nebulizer to week for 4 weeks then for two additional mon that the licensed murse resident throughout the treatment. How will the facility monicorrective actions to easied deficient practice will not Findings will be report Quality Assurance Perf Improvement (QAPI) of for a period of three mosubstantial compliance determined by the QAE committee.	ensure that recur? get plete by mber not by this date mext exve 2 MD eatments per 2 per month this to assure remains with entire for its re that recur? ed to the formance committee ouths or until is	01/15/

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change it again..."

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		I AND HUMAN SERVICES & MEDICAID SERVICES					APPROVED
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(XI) PROVIDENSUPPLENCIA EXENTERCATION REMOGRE	(072) A.B.	Æ		(AS) DATES	URVEY
	ROYDER OR SUPPLIER RT HEALTH AND REM	442504 ABILITATION CENTER			TREET ADDRESS, CITY, STATE, 22P CODE 138 GENERATION DRIVE REIMPORT, THE 57821		
(X4) IĐ PREPIX TAG	SUMMARY STR (EACH DERCEMC) PEGLILATORY OR L	TEMPAT OF DEPICENCES MUST BE PRECEDED BY FULL SCHOHATPANS IMPORMATIONS	PRES TAN	FΚ	PROMOTES PLAN OF CORRECT EFACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPRI DOTICENCY)	NON 20 BE OPTOXIE	CONFLETION CHATE
SS=D	ENVIRONMENT The facility must p comfortable and in the resident to use to the extent possion to the extent possion this RECUIREME by: Based on observation of the facility of unine of unine notes within the fallway. Observation on Decement of the front end of the revealed a continue the front end of the front	NT is not met as evidenced tion and interview, the facility cornelike environment related facility for one of three reside	g :	52	How will corrective action be accomplished for those reside found to have been affected have been affected have been affected have been affected have been affected by 12/13/12 lingering uring was noted on the front end 100 hallway. The odor of urine has not have have been changed. How will the facility identify residents as having the potent affected by the same deficient practice? Facility rounds were conducted and address will be put in ensure that deficient practice recur? Ambassador rounds will be conducted daily, Monday it Friday, with reports of any lingering odors to be direct appropriate personnel to id and address. The Manager (MOD) will conduct the same weekends.	other cen members ag been odor, has other ial to be other ial to be other included by iplinary fied, ed on on other incough on Duty on Duty	01/15/2013
: <u></u>	smell of urine on the fallway. Continued sure what is causing	e front end of the 100 Wing Interview revealed "am not the smellhave changed of the residents andwill	:	P	IN THE PARTY	<u></u>	
•							/ /X ^ %

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	S FOR MEDICARI OF DETICENCIES FCORRECTION	& MEDICAID SERVICES (X1) PROVIDENSUPPLENCES (DENTIFICATION MANAGES	1 .	MUJUPLE CONSTRUCTION	ONE NO	neueo 20038-0394 W WASHONEO
		445505	2.4		12/14/2012	
	CYCLER OR SUPPLIER T HEALTH AND RES	ABILITATION CENTER		STREET ADDRESS, CITY, STATE, JP CO 130 GENERATION DRIVE NEEMPORT, THE \$7821	OE .	
PREFEX TAG	GACH DEFICIENC	TIEMENT OF DEFICIENCES Y MUST BE PRECEDED BY FULL SC IDENTIFYING IMPORMATION)	IO PRES TAK		RECTION ISHOULD BE APPROPRIATE	CONTENTON CONTENTON CON
			F 252 continu	20111111111111111111111111111111111111	rdinator, ator on the ing odor to the personnel. This will [13. Any ted this prior to pled shift. or its a that the recur? The to the formance.	01/15/20
	2.405 Prenious Versions O	benise Earl 12:0012	! -	Fechly Rt. TH1502	· · · · · · · · · · · · · · · · · · ·	

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[&]quot;Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law."

SILL CHIEF	KS FOR MEDICARI TOF DEVICENCIES OF CORRECTION	MEDICAID SERVICES (M) PROVIDENSUP-LENCIA DEMIFICITION NUMBER		ARTPLE CONSTRUCTION	OME N	MAPPROVE 0, 0938-039 SURVEY VETED	
		445504	g. WRIG		12/1	4/2012	
	NewPort Health and rehabilitation center			STREET ADDRESS, CITY, STATE, ZIP COX 138 GOMERUTION DRIVE. MEMPORT, TR. 27821	JĘ .		
OK4) 10 PROSEDX TING		TOMENT OF DEPOSITES MUST BE PRECEDED BY FILL DE STEPPINE RECEDED BY FILL DE STEPPINE RECEDED BY FILL	PREFI TAG	PROVIDENCE PLANT OF COR (EACH CONNECTIVE ACTION CHOSS-REFERENCED TO THE A DEPICIENCY)		COMPLETION (DATE)	
SS=D	maintenance services anitary, orderly, a	ERVICES rovide housekeeping and ces necessary to maintain a nd comfortable interior.	F 253	How will corrective action accomplished for those res found to have been affected deficient practice? The urinal was removed overbed table was sanitive educated resident at that used urinals should not	idents d by the l and the ized. DON t time that	01/15/20	
	by: Based on observa			on eating surfaces at me bolder for the urinal is I the bedside for this purp was then encouraged to member of musing whe needed to be emptied.	altime. A ocated at lose. He notify a		
	June 8, 2012, with Mellitus with Bilater Amputations, Hype A random observationing a medication at 1:00 p.m. reveals lunch tray from the was set up by stall, of the bedside table on the table, was a 300cc (cubic centing container.	ntension, and Depression. ion in the resident's room, it pass, on December 11, 2012 and resident #87 eating from a bedside table. The meet tray and was placed in the center in To the left of the meal tray, urinal with approximately neters) of urine in the	2.	How will the facility identification residents as having the pot affected by the same deficience? Audits were conducted management on 12/13/1 that residents with urina holders available at beds Staff will provide educate residents concerning the bedside holders for uring mealtime and need to plin holder during mealtime.	ential to be ent by nuxing 2 to ensure is have side. tion to use of als during acc urinals	-	
	December 11, 2012 observation, confirm	ned the urinal was not emptie the badside table, prior to the	đ				

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SIATEMENT (OF DEFICIENCIES CORRECTION	CK1) PROVIDENSIPPLIENCUA IDENTIFICATION MUNICIPE	A.BULDI	TIPLE CONSTRUCTION NO	(X3) ONTE SURVEY	
	1	445504	D. WING		[12/]	4/2012
	MEALTH AND RE	HABILITATION CENTER	l 1	REST ADDRESS, CITY, STATE, ZP CODE 135 GENERATION DRIVE CEMPORT, THE 27821	<u>.</u>	
O(4) ID PAREEPIX TAG	(EACH DEFICEN	TATEMENT OF DEFICIENCIES OY MUST BE PRECEDED BY PULL LSC IDENTIFYING INFORMATION;	PREFIX TAG	PROVIDERS PLAN OF CORRECT (EACH CORRECTIVE ACTION SHE CROSS-REFERENCED TO THE APP DEPICIENCY)	TTON HULD BE ROPAUXTE	CONSTRUCTION
			F 253 continued	What measures will be put it ensure that deficient practice recur? Ambassadors will conduct (Mon thru Fri) and "Mana Duty" (Sat and Sun) to enseidents are not placing a overbed tables during meaturing meattime, removal cleaning is to be done. Rewill again be encouraged holders rather than overbe for urinals during mealtime. SDC will provide education licensed nurses and resident specialists concerning the bedside holders for urinals mealtime and need to place in holder during mealtime, education will be completed 15JAN2013. Any staff not completed this training management scheduled shift. How will the facility monitor corrective actions to ensure the deficient practice will not receive in formal substantial substantial compliance is determined.	t rounds agers on sure that urinals on altimes. If ide table and sident to use de tables to use of during curinals This ad by thaving at having at their its hat the nance eriod of antial	01/15/2

DIATEMAN	NT OF DEFICIENCIES OF CORRECTION	E & MEDICAID SERVICES (X1) PROVIDERSUPPLEMOLIA DENTIFICATION NUMBER	(XZ) MI	LTPLE CONSTRUCTION (X3) (B NO. 0938-03 WITE SURVEY COMPLEYED	
		445504	EL WINE) ₁	12/14/2012	
	PROVIDER OR SUPPLIER ORT HEALTH AND REI	HABILITATION CENTER	18	TREET ADDRESS, CITY, STATE, ZIP CODE 138 GENERATION DRIVE HEMPORT, TN 57821		
(XA) ID PREPIX TAG	(EACH DEFENC	OTEMENT OF DEPICEMENTS Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATIONS	PREFIX TAG	PROVIDERS PLAN OF CORRECTION (BACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION CATE	
\$\$=D	a comprehensive, reproducible asser functional capacity. A facility must mak assessment of a resident assessment of a resident assessment of a resident assessment of a resident assessment of a resident assessment of a resident assessment of a resident assessment of a resident and customary routine. Constitute patterns; Communication; Vision; Mood and behavior. Physical functioning Continence; Disease diagnosis. Dental and nutritior Skin conditions; Activity pursuit; Medications; Special treatments Discharge potential Documentation of sthe additional assert	conduct initially and periodically accourate, standardized asment of each resident's as comprehensive ascident's needs, using the attinatument (RAI) specified assessment must include at emographic information; patterns; paing; and structural problems; and health conditions; and status; and procedures;		How will corrective action be accomplished for those residents found to have been affected by the deficient practice? Resident #47 had a full pain assessment done by DON on 12/31/12. MD was contacted an orders were received. Resident #103 had a Bowel and Bladder (B & B) Assessment done to reflect current status with care plan updated as indicated by Uni Manager on 12/13/12. Resident #125 is no longer in the facility. How will the facility identify other residents as having the potential to affected by the same deficient practice? Members of nursing management will audit December 2012 MARS to identify residents who have routine pain management and have received propain medication to ensure pain assessment has been completed and MD has been contacted for orders as indicated for residents to achieve adequate pain control.	t t	

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CINTEME	NT OF DEFICIENCIES I OF CORRECTION	E & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/GLIA (DENTIFICATION NUMBER)	(X2) MULT A. BUILDI	IPLE CONSTRUCTION	OMB N	RM APPROVE O. 0938-039 SURVEY PLETED
NAME OF	PROVIDER OR SUPPLIER	445504	B, WING		1 49	/14/2012
NEWPO	PRT HEALTH ÁND REI	IABILITATION CENTER	1 7	ROET ADDRESS, CITY, STATE, ZIP CODE 135 GENERATION DRIVE NEWPORT, TN 37821	·	<u> </u>
(X4) ID PREFIX TAG		NEMENT OF DEFICIENCIES (MAST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPL DEFICIENCY)	***	COMPLETION OATE
od p. Moliting acress to the control of the control	by: Based on observation and interview the face assessments for one (#125) of forth assessments for one (#125) of forth assessments for one (#125) of forth assessments for one (#125) of forth assessments included the findings included Resident #47 was readled the findings included Resident #47 was readled the face of the findings included Resident #47 was readled the face of the resident received included the resident received included the routine medical record review ders for Lortab 10/32 nes daily and Norco RN (as needed). Readled and Resident received PRN received from the facility's leveled, "Residents with the facility's leveled, "Residents with a Monthly Summaluation Form Additional adequate pain continuation form	admitted to the facility on with diagnoses including es. Knee Replacement, onic Pain Syndrome. dent, in the resident's room, 2, at 8:00 a.m., confirmed routine pain medications but quest more medications dications not controlling the revealed a physician's fications not controlling the sold management policy and the pain in many (Briggs) and the Pain ionally any resident report	ļ ;	Members of nursing manage will complete audits on curre residents to validate that B & Assessments are current and plans are updated to reflect the current status of the resident include an individualized to plan as indicated. This will be complete by 1/15/13. What measures will be put in playstemic changes made to ensure deficient practice will not recurrent changes made to ensure the staff Development Coordinator and Director of Nursing. The education will include the following: 1. When administering a promedication, the licensed will record the drug administration and the parallevel using the Wong-Bal FACES 1-10 rating scale; Pharmacological intervent attempted; Non-pharmacological intervent attempted. 2. Licensed nurse will reassed promise pain medication effectiveness using the Wong-Baker FACES 0-10 rating scale.	care he care he to leting be lace or te that re ated n pain nurse in ker tions ions	01/15/2013

*ORM CMS-2507(02-99) Provious Versions Obsolate

Event ID:861811

Footby ID: TN1602

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CENTERS FOR MEDICARI STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT	TPLE CONSTRUCTION	OMB N	MAPPROVE O. 0938-031 SURVEY	
	- Court is short of Homestic	A BUILON		COM	reted Leted	
NAME OF PROVIDER OR SUPPLIER	445504	B. WING_		1		
NEWPORT HEALTH ÁND REH		STREET ADDRESS, CITY, STATE, ZIP CODE 195 GENERATION DRIVE NEWPORT, TN 37821				
	TEMENT OF DEFICIENCIES *MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ED PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE ADV DEFICIENCY)	CTION GULD BE ROPRIATE	COMPLETION DAYE	
medications, will recapility and the following infilevel using the Wong scale,The License PRN pain medication administration and the Pain level using the Vating scale; Pharma attempted; Non-phalattempted; Non-phalattempted." Medical record review was completed on Decrevealed, "Intensity on scale 0-10) Worst Best pain/Hurting rate review revealed no furthe "Faces 0-10" had interview with the Director on Decreption on Education on Educat	ord the drug administration ormation on the MAR: Pain a Baker FACES 0-10 rating of Nurse when administering is will record the drug of following on the MAR: Wong-Baker FACES 0-10 recological interventions in acological interventions in acological interventions in revealed a Pain Evaluation recember 6, 2012, and (Resident rates Pain/Hunting pain/hunting rated at 8 and of at 2" Medical record of the pain assessment using been completed. Interpretation of the pain rating scale FACES are MAR and the nurses are later their pain level and Further interview is pain level was not being aware the resident was ions. Infited to the facility on July is including ant, Aphasia, and	F 272	3. Any resident receiving repain management and requiring pra analgesia whave pain assessment completed using the PRN management flow sheet at the MD will be contacted indicated for new orders, information will be communicated on the 24-report. The Director of Nursing/Unit Managers will randomly audit residents who receive routine medication per unit weekly fo weeks, then 5 residents per un monthly for 2 additional mont assure adequate pain control is achieved and MD contacted appropriately. Re-education woccur as indicated. Licensed Nurses will be educaby the Staff Development Coordinator and Director of Nursing. The education will include the following: 1. Bowel and Bladder Assessments (B & B) are completed on admission, quarterly, annually, and we significant change. The caplan is to be update to add B & B status according to assessment.	rill r pain md as This hour 5 pain r 4 it hs, to rill ted to be ith are ress	01/15/201	

Facility ID: TN1502

Event ID:0GH111

FORM CMS-2567(02-89) Provious Versions Obselete

AND PLAN OF CORRECTION	AN OF CORRECTION DENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE OF CONSTRUCTION (X3)		(X3) DATE	ORM APPROVI B.NO. 0638-03 MTE SURVEY	
	445504	B. WING			
NAME OF PROVIDER OR SUPPLIER				12	/14/2012
NEWPORT HEALTH AND REH			TREET ADDRESS, CITY, STATE, ZIP CODE 135 GENERATION DRIVE NEWPORT, TN 37821		
(X4) ID SUMMARY STA	TEMENT OF DEFICIENCIES	ii)	·		
	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDERS PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCE) TO THE APPRI DEPICIENCY)	NON ILD BE OPRIATE	COMPLETION CATE
F 272 Continued			2. When resident has a stra		-
Continued record re	Hitru rosmalad	F 272	When resident has a cha condition, the B & B	nge of	
documentation to re	flect specific goals and		Assessment is to be eval	_	01/15/20
interventions to add	ess inconfinence		to assume that the	uated	VII 13/20
	i		to assure that the current	status	1
Interview with the fac	ility Minimal Data Set (MDS)		of the resident is reflecte updated as indicated.	d and	1
. codumisiól ou Dece	MDet 12 2012 stroub/		3. The change of condition		
: 3 m. in the MDS offi	CO. COnfirmed the rectionis		information is communic]
; ware plan did not add	lfess incontinence		on the 24-hour report.	ated	•
resident #103 was a	dmitted to the facility on		Education will be complete by		İ
Husartanian Daws	th diagnoses including	ľ	1/15/13. Any nurse not comp	7-4*	!
and Cerebral Vascule	ntia with Behavolral Disorder,	· į	education will amore not comp	icting	
COO CENTRAL VASCULE	a Acadent	!	education will complete price next scheduled shift.	or to	
Medical record review	v of the resident's Bowel and :	:	The Disease Street		
i Bladder (B&B) Trainh	TO SESSESTION TO THE PARTY OF T	i	The Director of Nursing will	audit	
: September 18, 2012.	revealed the recident was	į	5 residents per week for 4 w then 5 residents monthly for	eeks,	
resumitted to the faci	lity on August 28, 2012	Į.	additional months, who have	2	
i Tollowing an acute he	SOMEON CONTRACT AS A	ĺ	Bowel and Bladder Assessm	4	
Cerebral Vascular Acc	Aldent. The B & B	-	completed according to the M	ent To	
and incontinent of boy	the resident was complete	i	schedule or noted change of	ruos	
readmitted to the facil	rel and bladder when	[condition per 24 hour report	_	
concluded the residen	It was not a candidate for B	İ	assure the assessment and ca	10	
& B retraining in a con	natose state.	i	reflects the current B & B sta	e pian	
	i	İ	the resident. R-education will	uus og j	
! Observation on Decen	nber 12, 2012, at 4:20 p.m., [į	occur as indicated.	"]	i
revealed the resident i	'esting on the bad, in the			- 1	i
Transfer to thirth of Didi	ecuve incontinence ask	į	,	i	[
was under the residen	t.	ĺ	How will the facility monitor its		}
Observation on Decar	iber 13, 2012, at 9:05 a.m., (ļ	corrective actions to ensure that	the]
revealed the resident s	itting in a gerl-chair near	.]	delicient practice will not recur?	, !	1
the 200 hall nurse's sta	tion. The resident was	1	Findings will be reported to the	ne i	
alert but confused, and	unable to participate in a	1.	Quality Assurance Performan	ce l	1
resident interview,		ì	Improvement (OAPI) commit	tee	1
	į	į	for a period of 3 months or un	til	1
Interview with the Unit I	Manager, on December	į	substantial compliance is]	
13, 2012, at 9:33 a.m.,	at the 200 hall nurse's	į	determined by the QAPI	[ſ
			committee.		

STATELED	RS FOR MEDICAL TOF DEFICIENCIES OF CORRECTION	H AND HUMAN SERVICES (E & MEDICAID SERVICES (X1) PROVIDENSIPPLENCIA EXCHIPCION NUMBER:	(XZ) MULTIN	RE CONSTRUCTION	OMB N	MIAPPROVI O. 0938-03 SURVEY PLETED	
	·	445504	E. WING_		- }		
	MOVIDER OR SUPPLIER RT HEALTH AND RE	HABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZP CODE 136 GENERATION DRAVE NEWPORT, TN 37821				
(X4) ID PREFIX TAG	HAGH DEFECTION	ATEMENT OF DEFICENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PPEFEX TAG	PROVIDERS PLAN OF I (EACH CORRECTIVE ACT CHOSS-REFERENCE) TO TO DEFICIENCY	ON SHOULD BE HEAPPROPRATE	COMPLETION DATE	
	condition and level improved since the assessment. Contin facility failed to reas continence retraining	the resident's physical of consciousness had September 18, 2012 tued interview revealed the issess the resident for 19 to promote and/or maintain clion, when the resident's approved.	F 272		·	01/15/201	
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				4 ;			
			-				
				,			
	_	, <u>1</u>	, !				

[&]quot;Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law."

, , ,	IT OF DEFICIENCIES OF CORRECTION	2 MEDICAID SERVICES (XI) PROVIDERSUPPLEIFICIA IDENTIFICATION MINIBER	(X2) MI	LTPLE CONSTRUCTION	CAN DATE	M APPROV <u>0. 0938-03</u> SURVEY LETED
		445504	a. wate		12/14/2012	
NEWPO		ABILITATION CENTER	, s	TREET ADDRESS, CITY, STATE, ZIP CODE 138 GENERATION DRIVE NEWPORT, TN: 37821	<u> </u>	
(XA) (D PREFEX TAG		TEMBET OF DEFICIENCES MIST BE PRECEDED BY FIAL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	The state of the s	TION ULD SE EDPRIATE	COMPLETIO DATE
SS#D	The resident has the incompetent or other incapacitated under participate in planning changes in care and A comprehensive asserting the resident, and disciplines as determined, to the extent participate incomprehensive, the resident, the resident, the resident, the resident representative;	NNING CARE-REVISE CP e right, unless adjudged erwise found to be the laws of the State, to ng care and treatment or I treatment, the plan must be developed	F 280	How will corrective action be accomplished for those reside found to be affected by the depractice? The care plan for resident was updated to include the tear and the interventions. How will the facility identify residents as having the potent affected by the same deficient practice? Audits are to be completed 15JAN2013 for any other with injury to assure that u care plans have occurred. What measures will be put in	ents efficient # 149 e skin other tial to be con esidents pdates to	01/15/2
;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	by: Based on medical re and interview, the fac	is not met as evidenced scord review, observation, allity failed to update the care (#149) of forty residents		ensure that deficient practice recur? In-service on completion as updating of care plan was completed by SDC on 13D for licensed nursing staff. Reported to plans to insure that updates occurring. How will the facility monitor is corrective actions to ensure the deficient practice will not recurred to QAPI committee for a period three months or until substa	eccond EC2012 Landom care are ts at the ur? the	

D PLAN	T OF DEFICIENCIES OF CORRECTION	(M) PROVIDERSUPPLERIOLIA IDENTIFICATION NUMBER:	A SURDIN	PLE CONSTRUCTION 6	OMB NO. 0838-0 COMPLETED		
		445804	B, WING	······································	1	14 <i>4 17</i> 17 14 11	
	ROVIDER OR SUPPLIER RY HEALTH AND RE	HABILITATION CENTER	STREET ADDRESS, GITY, STATE, ZIP CODE 134 GENERATION DRIVE NEWPORT, TN 37821				
(X4) ID PREFIX TAG	(EACH DEPENDENC	ATEMENT OF DEFICIENCIES LY MUST BE PRECEDED BY FULL LSC IDENTIFY PIG REPORMATION)	PREFIX TAG	PROVIDERS PLAN OF COMPECTIVE ACTION CROSS-REPERENCIES TO THE CORRECTION DEFICIENCY)	FINE BY THE	COMPLETION DATE	
F 280	Continued	•				<u> </u>	
1	reviewed.	į	; ;			01/15/2	
	The findings includ	ed:	j				
· {	November 29, 201:	admitted to the facility on 2, with diagnoses including tile, Hypertension, and Anxiety	<u>;</u> ;				
1	dated December 2, had a fall with a ski	ew of a facility fall investigation 2012, revealed the resident n tear to the left elbow.		·		·	
; l	December 3, 2012, address the residen	ew of the care plan dated ; nevealed the care plan did not ; it's skin tear to the left elbow.		-1- ₇		 	
: I : I n	Nursing (DON), in ti December 12, 2012	erview with the Director of the resident's morn, on at 10:32 a.m., revealed the bed with a healing skin tear to					
p	oordinator#1 on D .m., confirmed the t	um Data Set (MDS) ecember 12, 2012, at 3:05 facility failed to update the interventions and treatment				-	
					, 1		
				•		.	
		!		•	. !		

~	NT OF DEFICIENCIES OF CORRECTION	E & MEDICAID SERVICES (X1) PROVIDERSUPPLIENCUA DENTIFICATION MANUERS	(XZ) MAJE A, BURLO	LTPLE CONSTRUCTION	COMPLETE	EΥ
MALE AT	PROVIDER OR SUPPLIER	445508	S. WHIG		12/14/20)12
		WABILITATION CENTER	5	TREET ADDRESS, GITY, STATE, ZIP CODE 130 GENERATION DRIVE NEMPORT, TN 37821	<u> </u>	
(X4) IID PREFIX TAG		TEMENT OF DEPICENCES Y MUST BE PRECIOED BY FULL SC IDENTIFYING INFORMATION	PREFIX TAG	PROVIDERS PLAN OF CORRECTIVE ACTION SHOULD CHOOSE REPRESIDED TO THE APPROVIDENCY DEPCHACY.	מסי אחם	(/dl) MPLETIO DATE
F 281 SS=D	The services provimust meet profess This REQUIREMEN	RVICES PROVIDED MEET STANDARDS ded or arranged by the facility ional standards of quality. NT is not met as evidenced	F 281	How will corrective action be accomplished for those residen found to have been affected by deficient practice? Care plan was developed for resident # 128. Order for Columbia was clarified and obtained to	the Q 10	01/15
	and interview, the fa plan to meet the nee (#128) and falled to	tion, medical record review, scility failed to develop a cere eds for dialysis for resident administer a medication per one resident (#150) of forty		administer 100mg of CoQ 10 day. How will the facility identify others as having the potential affected by the same deficient	her	
	The findings include Resident #128 was I November 29, 2012,	readmitted to the facility on with diagnoses including		practice? Initial care plans will be revis for completeness by nursing management during morning clinical care meeting.	ewed !	
; I ; 3 ; 8	Dialysis. Review of the reside November 29, 2012,	nt's Initial Plan of Care dated revealed Dialysis had not problem with interventions		Audits of MAR will be condu- by nursing management for availability and dosing. MAR be reviewed by licensed nurse during each change of shift for medication availability.	will	ļ
o a	orference room, on i.m., confirmed the r id not address Dialy			What measures will be put in pla ensure that deficient practice will recur? An in-service will be complete the SDC on or before 15JAN2	l not	
, C	tesident # 150 was a lecember 3, 2012, w loronary Artery Disea lypertension.	admitted to the facility on vith diagnoses including ase, Anemia, and		to include the five rights of medication administration and procedures for ordering and obtaining medications.	the	

VD PLAN	IT OF DEFICIENCIES OF CORRECTION	E & MEDICAID SERVICES (X1) PROVIDENSIPPLIERALIA IDENTIFICATION NUMBER	(ACT) MU	LTPLE CONSTRUCTION	(X3) DATE	0, 0938-0 SURVEY LETED
		445504	D. WING		\	
AME OF	PROVIDER OR SUPPLIED			TREET ACCRESS, CITY, STATE, 22P CCCI		14/2012
EWPO		ABILITATION CENTER		138 GENERATION DRIVE MEMPORT, TN: 37821	•	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TEMENT OF DETICIONES Y MUST BE PRECEDED BY FULL SC IDENTIFYING REFORMATION	PREFIX TAG	PROVIDERS PLAN OF CORR (EACH CORRECTIVE ACTION S GROSS-REFERENCED TO THE AF DEPOSENCY)		CONSTRUCTO
i. I	Continued Medical record revises a secanituation order		F 281 continued	corrective actions to ensure	that the	01/15/
]	revealed "Co - q (milligrams) every of of the current medi (MAR) revealed "	- 10 (coenzyme) 200 mg other day" Continued review catton administration record .Co - q- 10 200 mg initialed 2 (indicating three doses		deficient practice will not re Findings will be reported QAPI committee for a pe three months or until sub- compliance is determined	cur? to the riod of stantial	
	2012, at 8:16 a.m., administering medk Continued observat obtained a bottle of administered to the	erview on December 11, revealed charge nurse #3 ations to resident # 150, on revealed the charge nurse Co - q -10 75 mg and resident. Interview with the ned the 75mg was given		QAPI committee.		
) . ((office, on December confirmed the facility	rector of Nursing, In the DON 13, 2012, at 1:05 p.m., realled to administer the frequency per Physician	-			
				,		

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	NT OF DEFICIENCIES OF CORRECTION	E & MEDICAID SERVICES (X1) PROVIDERSUPURIFICIA IDENTIFICATION MUNIBER	(X2) MA A. BLAL	LIFTLE CONSTRUCTION	CIMB N	MAPPROVI O. 0938-03 SURVEY LETED
AUE OR	PROVIDER OR SUPPLIER	445504	S. WING		12/14/2012	
EWPO	RT HEALTH AND RE	ABILITATION CENTER	1	TREET ADDRESS, CITY, STATE, 229 CDDG 136 GENERATION DRIVE NEWPORT, TH. S7E21		
(X4) IO PREPIX TAG		TEMENT OF DEFICENCES MUST BE PRECEDED BY FULL SCIDENTEYING INFORMATION;	PREFIX TAG	PROMOTERS OF AN OF COMPANY	TON LD BE PRATE	COMPLETIO COMPLETIO
F 315 SS≃D	483.25(d) NO CATI RESTORE BLADD	HETER, PREVENT UTI. ER				<u> </u>
	resident who enters indwelling catheter is resident's clinical co-catheterization was who is incontinent or treatment and service infections and to residention as possible. This REQUIREMEN' by: Based on medical read interview the facassessment and device individual read assessment and device individual read assessment and device individual read assessment and device residential read assessment and device residential read assessment and device residential read assessment and device residential read assessment and device residential read assessment and device residential read assessment and device residential read assessment and device residential read assessment and device residential read assessment and device residential read assessment and device residential read assessment and device residential read assessment and device residential read assessment and device residential read assessment and device residential read assessment and device residential read read read assessment and device residential read read read read read read read read	the facility without an sont catheterized unless the indition demonstrates that necessary; and a resident folder receives appropriate test to prevent urinary tract tore as much normal bladder. This not met as evidenced ecord review, observation, sility failed to complete an residents (#103, #125) of ved.	F 315	How will corrective action be accomplished for those resider found to have been affected by deficient practice? Resident # 125 had been discharged at the time of resident and Black (B&B) assessment on Residents as having the potential affected by the same deficient practice? An audit on current residents be completed by nursing management on 1/15/2013 to assure that bowel and black assessments are completed as place. Updates or completion be communicated to the MD and care plans will be update.	view. 12 Ider cent # ther al to be will Ider nd in ts will S team	01/15/2

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TATEMENT OF DEFICIENCIES NO PLAN OF CORRECTION	RE & MEDICAID SERVICES (X1) PROVIDERSUPPLENCIA CENTIFICATION NUMBER	(X2) MU A BUILO	TIPLE CONSTRUCTION	(xa) DVIII	RM APPROVIO IO. 0938-03 SURVEY PLETED
IAME OF PROVIDER OR SUPPLIER	445504	B. WING			
NEWPORT HEALTH AND RE	Habilitation center	STREET ADDRÉSS, CITY, STATE, ZIP CON 135 GENERATION DRIVE NEWPORT, TN 37821			
THE PROPERTY OF THE PROPERTY O	ATEMENT OF DEPICIENCIES Y ARIST BE PRECEDED BY FULL SCIDENTIFYING REPORMATION)	ID PROEFIX TAG	PROVIDER'S PLAN OF CORRECT [EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRI DEFICIENCY]	* ^ ~	COMPLETION DATE
F 315 Continued	admitted to the facility on July	F 315			
Cerebrovascular Activity Pertension. Medical record revidata set (MDS) date brief interview for mindicating moderate Continued medical revealed resident us understands. Further resident was frequed Medical record revide Evaluation and Bladial record of the 2012, revealed resident was frequed in the continued medical record of the 2012, revealed resident with Directs of urine. Interview with Directs DON office, on Dece confirmed the resident Bladder Evaluation with Directs Bladder Evaluation with Bladder	iew of the resident's minimum and July 19, 2012, revealed a ental status (BIMS) score of 9 by Impaired cognition. The review of the MDS apally understood and usually a review of the MDS revealed and incomplete evaluation. The MDS apally understood and usually a review of the MDS revealed and incomplete evaluation. The MDS dated October in incomplete evaluation. The MDS dated October 16, lent was always incomplete and the mber 13, 2012, at 1:02 p.m., at Bowel Evaluation and as incomplete and the ed on an individualized		What measures will be put in p what systemic changes made to consure that deficient practice we recur? Education will be conducted Director of Nurses to the MI team on the completeness of bowel and bladder assessment significant changes. The education will be completed for the targeted audience by I Any staff not completing the education by this date will complete it prior to their next scheduled shift. Director of Nursing will audit Significant change assessment weekly times four then 1 time month for two additional montinsure that Bowel and Bladder assessments reflect the current status of the resident.	by the DS the the with ted /5/13.	01/15/20
January 13, 2012, wit	tia with Behavioral Disorder		·		
Bledder (B&B) Trainin	of the resident's Bowel and g assessment, dated revealed the resident was	;			

	TOF DEFICIENCIES OF CORRECTION	(XI) PROVIDENCIAN SERVICES (XI) PROVIDENCIAN NUMBER:	(CC) MULT A. BUNCON	TIPLE CONSTRUCTION NG	OMB N	M APPROV O. 0938-03 SURVEY USTED
		445504	B. WINS_		1	
NEWPOR		HABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZP COD 138 GENERATION DRIVE MEMPORT, TN 37821		12/14/2012	
(X4) ID PREFIX TAG	CENTER LEGISLATION	RTEMENT OF DEFINIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDERS PLAN OF CONTROL (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY)	I har	CONSTRUCTION (CONSTRUCTION)
Control of the contro	nospitalization related Accident. The B & I resident was comationed bladder when it assessment conclustration on Decreted the resident state. Disservation on Decreted the resident shows a protective incontinuates the resident. Disservation on Decreted the resident inder the resident. Disservation on Decreted the resident inder the resident. Disservation on Decreted the resident inder the resident. Disservation on Decreted the Index to Index in	CONSCIOUSNESS had	F 315:	How will the facility monitor corrective actions to ensure it deficient practice will not recurred findings will be reported to (QAPI) committee for a per three months or until substate compliance is determined by QAPI committee.	nat the or? o the riod of ontial	01/15/
143-2567(02	48) Frankrus Versions Cite	Strice Event ID: SCH111	Facility (0)	h TONESCO		

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NA PLAN	OF CORRECTION	(XI) PROVIDENSUPPLENCIA SEMPLATION MARGES	Á, HURL		OCA) DATE	0. 0938-03 8URMEY VETED
		445504	D. WHO		12/14/2012	
MEWPO	·	ABILITATION CENTER	•	TREET ACCRESS, CITY, STATE, ZP CODE 136 GENERATION DRIVE MEMPORT, TH. 37821		· · · · · · · · · · · · · · · · · · ·
(X4) ID PREEPIX TXG		TEMBIT OF DEPOSITIES MUST BE PRECEDED BY FISAL BC IDENTIFYING INFORMATIONS	PREPTIX TAG	PROVIDERS PLAN OF CONTROL (EACH CONTROL TWO THE SAM CROSS REFERENCED TO THE APP DEFICIENCY)	11 P D D D D D D D D D D D D D D D D D D	COMPLETO COMPLETO
\$\$50	a daily basis: o Facility name. o The current date. o The total number a by the following cate unificensed nursing s resident care per shi - Registered nurs - Licansed practii vocational nurses (as - Certified hurses: o Resident census. The facility must post specified above on a of each shift. Data m o Clear and readable o in a prominent plac residents and visitors The facility must, upo meke nurse staffing of for review at a coef re standard. The facility must main	it the following information on and the actual hours worked gories of licensed and taff directly responsible for fit: 1888. 1889. 1881 aurses or licensed self-ined under State law). 1881 aurses staffing data daily basis at the beginning just be posted as follows: 1881 areadily accessible to a readily accessible to the public of to exceed the community of the posted daily surse imum of 18 months, or as		How will corrective action be accomplished for those reside found to have been affected it deficient practice? The staffing form was upded 12/13/12 to reflect the faciname, current census, date total number of hours work RN's LPN's and Resident Specialist. How will the facility identify residents as having the potent affected by the same deficient practice? No direct affect was noted residents. What measures will be put in systemic changes made to enside ficient practice will not recurrent the Facility Name, County Managers have been a by the DON on posting the reflect the Facility Name, County and the projected hours of LPN's, Resident Care specially adjustments as necessarily with adjustments as necessarily with the key factor residence in the section of the Unit Manager will retain along with the key factor residence.	ated on ality and the ked by Care to ther tial to be to place or ure that ar? ducated form to current ement to RN's in forms	01/15/20

Continued This REQUIREMENT is not met as evidenced by:	A A MARKET	NT OF DETCIENCIES OF CORRECTION	CAI) PROVIDENSUPPLIEVOLA DENTIFICATION NUMBER	(72) M A. BUE	RATIFIE CONSTRUCTION LONG	OMB NK	MAPPROV D. 0938-03 SURVEY LETED
NEWPORT HEALTH AND REHABILITATION CENTER SHAWAY STREET OF DEFERENCE (CAN) DO SHAWAY			445504	D. WH	C	12/1	4/2012
Continued This REQUIREMENT is not met as evidenced by. Based on observation and interview, the facility failed to post the required staffing information related to the actual hours worked by licensed and unlicensed staff. Observation on December 10, 2012, at 10:40 a.m., on the front entrance hallway information board of the facility, revealed the actual hours worked information board of the facility, revealed the facility staffing. Further observation revised the actual hours worked information board of the facility revealed the facility staffing. Continued observation and no information documented for the passent date, Continued observation and no information documented for the passent date, Continued observation and no information documented for the passent date, Continued observation and no information documented at the start of the shift. Interview on December 13, 2012, at 10:30 a.m., with the 100 Wing Clinical Menager and the Director of Nursing (DON), in the dislect manager's office, confirmed the required mursing staffing information proposed at the	NEWPO	RT HEALTH AND RE	HABILITATION CENTER		138 GENERATION DRIVE		##V1Z
by: Based on observation and interview, the facility failed to post the required staffing information related to the actual hours worked by licensed and unlicensed staff. The findings included: Observation on December 10, 2012, at 10:40 a.m., on the front entrance hallway information board of the facility, revealed the required posted daily staffing. Further observation revealed the actual hours worked information board of the facility, revealed the required posted of the facility, revealed the day staffing with the actual hours worked information board of the facility, revealed the day staffing with the actual hours worked information board of the facility, revealed the day staffing with the actual hours worked information board of the facility, revealed the day staffing with the actual hours worked information board of the facility, revealed the day staffing with the actual hours worked information and no information documented for the present date, Continued observation revealed the resident cansus was not documented at the start of the Director of Nursing (DON), in the clinical manager and the Director of Nursing (DON), in the clinical manager and the Director of Nursing (DON), in the clinical manager and the Director of Nursing (DON), in the clinical manager and the Director of Nursing (DON), in the clinical manager and the Director of Nursing (DON), in the clinical manager and the Director of Nursing (DON), in the clinical manager and the Director of Nursing (DON), in the clinical manager and the Director of Nursing (DON), in the clinical manager and the Director of Nursing (DON), in the clinical manager and the Director of Nursing and/or Administrator will conduct audits twice a week for 4 weeks then once a month for two additional months to assure completeness of forms. How will the facility revealed the amonths to assure completeness of forms. How will the facility revealed the amonths to assure completeness of forms. How will the facility revealed the amonths to assure completeness of forms. How	PREFIX			PREFIX	PROVIDERS FLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CHOSS-REFERENCED TO THE APPRIX		COMPLETA DATE
		by: Based on observation of the actual and unlicensed stated to the actual and unlicensed stated. The findings included the findings included the actual and unlicensed stated. The findings included the findings included a.m., on the front eraboard of the facility, daily stating. Further actual hours worked information documents the facility, revealed actual hours worked information documents actual hours worked information documents. The finding observation of the facility is an experience of Nursing (It has a containing information with the 100 Wing Changes of the containing information with the containing information with the containing	tion and interview, the facility quired staffing information I hours worked by licensed if. ad: tember 10, 2012, at 10:40 atrance hallway information revealed the required posted or observation revealed the information with no intervention with no intervention and no intervention and no intervention and no intervention in the present date, on revealed the resident intervention and income to the present date, on revealed the resident intervention and the start of the information and the start of the intervention and the start of the intervention and the start of the information and the start of the intervention and the required nursing as not posted at the	F 356	Administrator will conduct a twice a week for 4 weeks the a month for two additional n to assure completeness of fo. How will the facility monitor it corrective actions to ensure that deficient practice will not recur. Pindings will be reported to QAPI committee for a period three months or until substancompliance has been determined the QAPI committee.	tudits en once nonths rms. s t the -? the d of ntial	01/15/2

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STATIONENT OF DEPICIENCIES AND PLAN OF CORRECTION	E & MEDICAID SERVICES (X1) PROVIDERSUPPLEMOLIA DENTIFICATION NAMEDER	(AC) MU	maric constitution	FORM APPRO OMB NO. 09384 (49) DATE SURVEY COMPLETED
<u> </u>	445504	B. WRAZ	{	
NAME OF PROVIDER OR SUPPLIER	1			12/14/2012
NEWPORT HEALTH AND REP			TREET ADDRESS, CITY, STATE, 21P CODE 195 GENERATION DRIVE NEWPORT, TN 37821	
	TEMENT OF DEFICIENCES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDERS FLAN OF CONTECTIVE (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIES DEPICIENCY)	B. B
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•		İ	•	1
		!	How will corrective action be	
425 i 483 8015 no muemo	***************************************		accomplished for those residents found to have been affected by the	. <u> </u>
S=E MWCOKAI E PROCEL	DURES, RPH	[accomplished for those residents found to have been affected by the deficient practice? (a.) A clarification order we obtained from Dr.	vas
The facility must providings and biologicals to them under an agreent \$483.75(h) of this part.	de routine and emergency to its residents, or obtain nent described in		accomplished for those residents found to have been affected by th deficient practice? (a.) A clarification order w	vas or O and
The facility must providing and biologicals to them under an agreent \$483.75(h) of this part.	de routine and emergency to its residents, or obtain nent described in . The facility may permit to edminister drugs if State noter the general		accomplished for those residents found to have been affected by the deficient practice? (a.) A clarification order we obtained from Dr. the Neurontin 200 mg BIC 300mg at HS for Resident on 12/11/2012 by unit	vas or O and # 73
The facility must provide drugs and biologicals to them under an agreem §483.75(h) of this part unlicensed personnel to law permits, but only unsupervision of a license A facility must provide (including procedures to acquiring, receiving, dispersions,	de routine and emergency to its residents, or obtain nent described in . The facility may permit to edminister drugs if State noter the general ed murse, pharmaceutical services that assure the accurate spensing, and		accomplished for those residents found to have been affected by the deficient practice? (a.) A clarification order we obtained from Dr. the Neurontin 200 mg BIC 300mg at HS for Resident on 12/11/2012 by unit manager.	vas or Dand # 73
drugs and biologicals to them under an agreem §483.75(h) of this part unlicensed personnel to law permits, but only unsupervision of a license A facility must provide (including procedures to acquiring, receiving, dispersions,	de routine and emergency to its residents, or obtain nent described in . The facility may permit to edminister drugs if State noter the general ad murse, pharmaceutical services that assure the accurate spensing, and as and biologicals) to meet		accomplished for those residents found to have been affected by the deficient practice? (a.) A clarification order we obtained from Dr. for the Neurontin 200 mg BIL 300mg at HS for Resident on 12/11/2012 by unit manager. (b.) A clarification order we obtained from Dr. for the CoQ-10 to be 100me dispensed.	vas or or or and # 73 /as

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		TOENTIFICATION NUMBER:	V BATE	LTIPLE CONSTRUCTION KING	(PG) DATE	D. 09384 8URVEY LETED
		445504	B. WING		j	
	PROVIDER OR SUPPLIER				1 12/	14/2012
	RT HEALTH AND REH	ABILITATION CENTER		TREET ADDRESS, CITY, STATE, ZIP COD 135 GENERATION DRIVE	E	
(X4) ED PREFIX	SUMMARY STAT	EMENT OF DEFICIENCIES		NEWPORT, TN 37821		
TAG	REGULATORY OR LS	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FLILL C IDENTIFYING INFORMATION	PREFIX TAG	PROVIDERS PLAN OF CORP (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AL DEFICIENCY)		COMPLETE DATE
F 425	Continued:	1				[
			F 425	How will the facility identif	v other	1
	a ncensed pharmacia	t who provides consultation		? Jesidents 25 having the noti	ential to be	01/15/
!	services in the facility	DIDVIDENT OF COORSE		affected by the same deficie practice?	nt	
:			ļ	An audit of Decemb	er MARS	
1		:	i	was conducted by in	embers of	
į		i		nursing management	tand (
ş	This REQUIREMENT	is not met as evidenced	ĺ	consultant pharmaci	st to assure	
_	υ y,		1	that Physician Order	Sheets are	
1	Based on observation	n, medical record review,	;	accurate. Clarification	on orders	
1 1	GCHILL DOHCA LEASING &	nd interview the facility	į	were obtained as indi	icated.	
' (INTERPORT OF BUSINES IMPORT	的に向から(生り)を サイエの)	i	This audit was comp	leted by	
; 1	eceived medications.	38 Office had been depended as	1	Dec 31.	T I	
	STRUCT SECURISE OF A (MCCOS Arder phase for	į	Audits of residents re	ceivine	
15	one resident (#73) of f	orty residents reviewed.		CO Q 10 will be cond	lucted by	
		:	ſ	members of nursing		
'	he findings included:	i	!	management to assur-	· 1	
ع! ح	tesident #73 was adm	illed to the second	- 1	availability and prope	r dosine	
ļ j	anuary 18, 2012, with	discourse includes	ĺ	This will be complete	bv	
Ė	liabetes Mellitus, Anxi	ety and Neurosethy	ł	1/4/13.	· [
•		- 1	-	Residents who receive	e Kadian	
	Addical record review	of physician recapitulation	ĺ	will be audited by me	mbers of	
	TOTAL PORPORT ZUT	C. DEVERIED " DOLKAANA	ļ	nursing management i	m aggirra	
1/16	HOUGHION FOR SOIZURE	\$1 200 ma twice ≥ !	1	that medication is ava-	ilable	
Q Q	ยงกษณฑอกขก 300 เหต	at heatima " Charles and	j	and being administere	dner	
1111	ARICHI IACDLI USAISM (f Mo Aluvialan]	order. This will be con	unlete by	
re	capitulation orders for	November 2012,	j	. 1/4/13.	direct of	
u¢) Le	vealed the neuronin 2 It carried over on the I	200 mg twice a day was	į	1	.	
:	edical record review o	i	V	Vhat measures will be put in patents	_,	
: 104	edication administration	n the residents on record for November	53	stemic changes made to easy	hisce of	!
an	d December revenies	the facility continued to	ļ dī	· · · · · · · · · · · · · · · · · · ·		
giv	e the medication as s	lated on the October	į	Education will be condi	77	i
rla :	ysician recapitulation	nders. :		by Staff Development	icted	
ì		į	1	coordinator (SDC) for		ľ
Int	erview with the resider	nt's physician on	ŀ	licensed nurses on medical	Į	

"Preparation and/or execution of this plan of correction does not constitute admission or

Event (0:0GHI)1

agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law."

FACIRY ID: TN1502

F 425 Continued December 12, 2012, nurse's desk, reveal resident to receive the day as given.	rement of DEFICIENCES MUST BE PRECEDED BY FULL TO IDENTIFYING INFORMATION at 2:20 p.m., at the 300 half at the physician wanted the ne neurontin 200 mg twice a	A. BUILD: 8. WING.	PREET ADDRESS. CITY. STATE, ZIP COOR 125 GENERATION DRIVE NEWPORT, TN 37821 PROVIDERS PLAN OF CORRECTIO (EACH CORRECTIVE ACTION BROUGH CROSS-REFERENCED TO THE APPROPRIES OF COMMENTAL WILL Include process for ordering and receiving medications, to notify the physician and to	XS) DATE COMP	14/2012
PREFIX (EACH DEPICIONCY OR LE F 425 Continued December 12, 2012 nurse's desk, reveal resident to receive the	ABILITATION CENTER FEMENT OF DEFICIENCES MUST BE PRECEDED BY FULL TO IDENTIFYING INFORMATION at 2:20 p.m., at the 300 half ad the physician wanted the ne neurontin 200 mg twice a	D PREFIX TAG	REET ADDRESS. CITY. STATE, ZIP CODE 125 GENERATION DRIVE NEWPORT, TN 37821 PROVIDERS PLAN OF CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED TO	N.	(20) COMPLETION
PREFIX (EACH DEPICIONCY OR LE F 425 Continued December 12, 2012 nurse's desk, reveal resident to receive the	rement of DEFICIENCES MUST BE PRECEDED BY FULL TO IDENTIFYING INFORMATION at 2:20 p.m., at the 300 half at the physician wanted the ne neurontin 200 mg twice a	PREFIX TAG	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION BROUGH CROSS-REFERENCED TO THE APPROPRIES OF CHARLES OF CORRECTIVE ACTION BROUGH CROSS-REFERENCED TO THE APPROPRIES OF CORRECTIVE ACTION BROUGH CROSS FOR Ordering and receiving medications, to notify the physician and to	N.	(20) COMPLETION
(XA) ID SUMMARY STATE (EACH DEPICIENCY REGULATORY OR LESS DECEMBER 12, 2012 nurse's desk, reveal resident to receive the day as given.	rement of DEFICIENCES MUST BE PRECEDED BY FULL TO IDENTIFYING INFORMATION at 2:20 p.m., at the 300 half at the physician wanted the ne neurontin 200 mg twice a	PREFIX TAG	PROVIDERS PLAN OF CORRECTION OF CORRECTION OF CORRECTIVE ACTION BROUGH CROSS-REFERENCED TO THE APPROPRIES OF CHARLES OF CORRECTIVE ACTION BROUGH CROSS-REFERENCED TO THE APPROPRIES OF CORRECTION OF C	~~~	COMPLETION DATE
F 425 Continued December 12, 2012, nurse's desk, reveal resident to receive the day as given.	at 2:20 p.m., at the 300 half at the physician wanted the neurontin 200 mg twice a	PREFIX TAG	PROVIDERS PLAN OF CORRECTION SHOULD CROSS-REFERENCED TO THE APPROPRIES OF CHENCY OF CORRECTION SHOULD CROSS-REFERENCED TO THE APPROPRIES OF CHENCY OF CHENCY OF CROSS FOR Ordering and receiving medications, to notify the physician and to	~~~	COMPLETION DATE
December 12, 2012, nurse's desk, reveal resident to receive it day as given.	ed the physician wanted the neurontin 200 mg twice a ector of Nursing (DCN) in	F 425	process for ordering and receiving medications, to notify the physician and to	PARTIE	
p.m., confirmed that	ecember 13, 2012, at 1:10		notify the pharmacy and request that medication be sent from the backup. Education will be completed by 1/15/13. Any licensed murse not completing education		01/15/201:
Resident # 150 was a December 3, 2012, w. Coronary Artery Disease Hypertension. Medical record review recapitulation orders a revealed "Co - q - 10 (milligrams) every other of the current medical (MAR) revealed "Co	of the Physician lated December 8, 2012	· · · · · · · · · · · · · · · · · · ·	will complete prior to next scheduled shift. Members of nursing management who are responsible for end of month changeover will be educated by the Director of Nursing regarding process to assure that Physician order sheet is complete with current orders. This will be completed by December 31, 2012.		
Medical record review Alternate Pharmacy Se facility will have an alte provider to ensure that are available as neede Interview with the facilit December 11, 2012, at central supply nurse ha	of the facility policy for envices revealed "each mate local pharmacy all ordered medications d"		Unit Managers/Central Supply LPN/designee will conduct a MAR/CART audit weekly for 4 weeks then monthly for 2 additional months to assure availability of meds. MARS will be audited weekly for 4 weeks then monthly for 2 additional months to assure that there are no circled meds fue to unavailable meds. Re- education will occur as		
MS-2567(02-09) Previous Versions Obso	!		ndicated.]

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES FORM APPROVED (X1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBER: AND PLAN OF CORRECTION <u>CMB NO, 0938-039</u> (XX) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED A. BUILDING B. WING. 445504 NAME OF PROVIDER OR SUPPLIER 12/14/2012 STREET ADDRESS, CITY, STATE, ZIP CODE NEWPORT HEALTH AND REHABILITATION CENTER 135 GENERATION DRIVE NEWPORT, TN 37821 SUMMARY STATEMENT OF DEFICIENCIES (EACH DISFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LISC (DENTIFYING INFORMATION) (X4) ID PREFIX TAG PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE NO Prefx (23) COMPLETION DATE TAG DEFICIENCY F 425 Continued F 425 Members of nursing office, on December 13, 2012, at 1:05 p.m., 01/15/2013 management will complete end confirmed the facility failed to obtain the of month changeover. A copy medication per facility policy. of the corrected physician Resident #22 was admitted to the facility on order sheet will be sent to October 14, 2003 with diagnoses including pharmacy for updating for the Psychosis, Dementia, Gastroesophageal Reflux next month's changeover. Disease (GERD), Hypothyroidism, Depression, Anxiety, Osteoarthritis (OA), Gout and The pharmacy consultant will Degenerative Joint Disease (DJD). randomly select 10 physician order sheets monthly for three Medical record review of the quarterly Minimum months to validate accuracy of Data Set (MDS), dated November 9, 2012, physician order sheet and revealed the resident scored an eleven on the report results to the Director of Brief Interview for Mental Status (BIMS). indicating the resident was moderately cognitively Nursing and/or Administrator. impaired. Review of the Medication Administration Record How will the facility monitor its (MAR), dated December, 2012, revealed the corrective actions to ensure that the resident was receiving Kadian (medication for deficient practice will not recur? pain) 140 mg (milligrams) every morning, Findings will be reported to the Continued review revealed the medications were Quality Assurance Performance split into 100 mg packages and 20 mg packages Improvement committee (QAPI) (resident was to receive 2 tablets of the 20 mg for a period of three months or until dose for a total of 40 mg). Continued review of substantial compliance is the MAR revealed the 20 mg tablets were circled determined by the QAPI (indicating the dose was not given to the resident). Further review revealed the resident did committee. . not receive the 20mg tablets (40mg) on ; December (2,3,4,5,5,7,8,9,10,11) 2012 (10 days). Medical record review revealed a prescription signed by the physician, dated December 10, 2012, "... Kadien CR 20mg, two (40 mg), po (by mouth) with 100 mg = 140 mg... Medical record review of the resident's care plan,

FORM CMS-2587(02-98) Providud Vorbidde Oktolete

Event ID: 6GHP11

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AND PERF	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDENGUPHJERICUA IDENTIFICATION NUMBER	A BUILDIN	PLE CONSTRUCTION G	(XX) EAT	MAPPIKUS IO. 0938-0 GURYEY PLETED
IANAE AR	POCLURATE OF A	44E\$04	e wing_		1	
NAME OF PROVIDER OR SUPPLIER NEWPORT HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP COL 136 GENERATION ORIVE NEWPORT, TN 37821		12/14/2012	
(24) ID PREFIX TAG		TEMENT OF DESCRIBACIES MUST BE PRECEDED BY RULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDERS PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCE) TO THE AC		COMPLETO
	characteristics (medication shoulders, elbows, in the medicated to construction on Decident's room on the ped steeping. Interview on December of great toe. Continues of great toe. Continues of great toe. Continues of great toe. Continues of great toe. Continues of great toe. Continues of great toe. Continues of great toe. Continues of great toe. Continues of great toe. Continues of great toe. Continues of great toe. Continues of great toe. Continues of great toe. Continues of great toe. Continues of great toe. Continues of great toe. The great of great great toe. The great great toe. The great toe great toe. The great toe great	rer 12, 2012, at 4:25 p.m., e (RN) #1, in the 300 Wing ration room, revealed the rus pain to his shoulders and led interview revealed the diam and Lortab (medication fent takes the Lorent	F 425	DERICIENCY)		01/15/20
Te 8: fac ph 20 rev	is a.m., with a Pham diffuse consulting pha armacy filled the pres 12 for fifteen days. C ealed "was walling	CHOROT OR November 16		:		

	(X1) PROVIDENSUPPLIENCE IN IDENTIFICATION NUMBER	A BUILDIN	PLE CORSTAUCTION	(XX) DATE	O. 0938-039 SURVEY
	445504	B. WING_		· [
ME OF PROVIDER OR SUPPLIER EWPORT HEALTH AND REH	_	1#	EET ADDRESS, CITY, STATE, 20°C G GENERATION DRIVE EMPORT, TN 37621	12 00E	H4/2012
	EMENT OF DEPICENCES MUST BE PRECEDED BY FULL C ENTIPYING INFORMATION)	PREFIX TAG	PROVIDERS PLAY OF C (EACH CORRECTIVE ACTIVE (EACH CORRECTIVE ACTIVE CROSS-RESTERANCE) TO TH PERCIENCY	N SHOULD BE EAPPROPRUITE	COMPLETION
Review of the facility Review of the facility Receiving Medication dated April, 2007, rev (refils) are keyed into Reorder/Refil or the r attached to a piece of pharmacyreorder m days in advance of ne supply is on handwi requires special proce controlled substances days) in advance of ne Interview on Decembe with the 100 Wing Clin Wing Nurses Stellan. of	policy. Ordering and s from Pharmacy Provider, ealed "repeat medications Pacifity link under eorder label can be paper and libred to the edication (three to four) ed to assure and adequate en ordering medication that saing (such as Schedule 2) order at least (seven red" 13, 2012, at 7:15 a.m., ical Manager, in the 100 politimed the resident of 40 pacifity failed to provide	F 425			01/15/2013
·		· · · · · · · · · · · · · · · · · · ·			
	<u>.</u>	•		,	

A	OF CORRECTION	E & HEDICAID SERVICES OCTO PROVIDENSUPPLIERCUM IDENTIFICATION NUMBER	(22) MA A. EK,EL	TIPLE CONSTRUCTION	FORM APPRODICES NO. 05284 X3) DOCE SURVEY COMPLETED
	4	445904	2 400	;	12/14/2012
NEWPO		ALTH AND REHABILITATION CENTER 137 GENERATION DRIVE MEMPORT, THE SZIZ1			
(X4) ED PREETIX DAG		TEMENT OF DEPOSITORS * MUST BE PRESENTED BY FULL OC DIENTIFYING INFORMATION	D PRESENT TAG	PROVIDERS PLAN OF CORRECTION SHOULD CAGES REPERSHED TO THE APPROPRIES DESCRIPTION SHOULD	N (N) DBE CONFLATE CASE (Asset
SS#D	The facility must est infection Control Prosafe, sanitary and of to help prevent the of disease and infection Control The facility must est Program under white	stablish and maintain an regram designed to provide a comfortable environment and development and transmission ction. Program lafection Control	F 441		by by con cod ling ctary dare

[&]quot;Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law."

STATEMEN NO PLAN	OF DEFICIENCIES OF CORRECTION	E & MEDICAID SERVICES [X1] PROVIDERSUPPLIERCE IA [DENTIFICATION NUMBER:	V BAITIDI (XX) WAT	TIPLE CONSTRUCTION NG	(X3) DATE	M APPRI O 0938 SURVEY
10105		445504	B. WING)	
	PROVIDER OR SUPPLIER RT HEALTH AND REP	IABILITATION CENTER	, ,	TEET ADDRESS, CITY, STATE, ZIP CODE 35 GENERATION DRIVE	12	<u>/14/2</u> 012
(X4) ID	SUMMARYSTA	TEMENT OF DEFICIENCIES		EWPORT, TH 37821		
PREFIX TAG	regulatory or L	MUST SE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	PREFIX TAG	PROVIDERS PLAN OF CORRECTIVE ACTION SHE (BACH CORRECTIVE ACTION SHE CROSS-REFERENCED TO THE APPL DEFICIENCY)	CTION PULD BE ROPRIATE	(QC) EXPENDE EXPE
	(3) Maintains a reco actions related to inf (b) Preventing Sprea (1) When the Infection determines that a resident. (2) The facility must promunicable disease from direct contact will tran (3) The facility must mands after each direct and washing is indicated and washing is indicated. (c) Linens ersonnel must handle ansport linens so as fection.	d of Infection on Control Program sident needs isolation to f Infection, the facility must prohibit employees with a se or infected skin lesions the residents of their food, if smit the disease, equire staff to wash their character for which sted by accepted as store, process and to prevent the spreed of	E H	Dietary Manager instructed of staff to do a visual check of the dining room prior to serving trays to the residents. SDC instructed nursing staff to visual check of dining room to assure there are no soiled disher prior to serving trays. (d) Shower room was cleaned by the staff was called for deep cleaning staff and housekeeping staff was called for deep cleaning shower room. Sducation was conducted for the equirement that shower rooms that shower rooms was the cleaned between resident after resident use. ducation was conducted by the ousekeeping Supervisor with	lietary he menl do a	01/15
Bases for contare	issed on observation, ility policy, the facility indard infection contribute to wash or sanith the to wash or sanith is for two resident ro sure standard infections one of three ice carte traminated breakfast	ol practice related to ze the handa during ice oms observed; falled to on cleaning of the ice cart s; falled to remove foods from the dining	ro . Inte	usekeeping staff that shower outs are to be deep cleaned after orning showers and again after ach.		

AND PLAI	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLER/CLIA IDENTIFICATION NUMBER:	(XQ) MUL A. BUILD	TIPLE CONSTRUCTION	(X3) DATE	MAPPROV <u>P. 0838-03</u> SURVEY LETED
NAME AND		445504	& WING		}	
MANNE OF	PROVIDER OR SUPPLIER				12/	14/2012
		TABILITATION CENTER	1	REET ADDRESS, CITY, STATE, ZIP CODE 135 GENERATION DRIVE NEWPORT, TN 37821		
(X4) ID PREFIX	SUMMARY STA	TEMENT OF DEFICIENCIES		· · · · · · · · · · · · · · · · · · ·		
TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TÄG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP! DEFICIENCY)		COMPLETION
F 441	Continued From pa	ge 23 .	F 441		' -	} -
į	Shower room on the	on the 100 Wing Hallway for one of the 100 Wing Hallway.		How will the facility identify cresidents as having the potent	ial to bo i	01/15/20
į	The findings include	i	Ì	anected by the same deficient practice?	ĺ	ı
ĺ	Observation on Dec	ember 10, 2012, at 10:45	j	Random observations will I	be	
į	FITTO SELECT THE ITER	AL TYPE OF MAG. STATISTICS. ALL ALL.	1	conducted to assure that inf	ection	
į	Assistant) #1, passir	evealed CNA (Certified Nurse)	}	control procedures are bein followed.	g	
:	curated two exited v	observation revealed the CNA vo rooms on the hallway with	j	What measures will be put in	.3	
1	nie ice bitchet, Illied :	ITA Dischart with ica	į	systemic changes made to ensu	place or	
Ī	evilvered the mooms.	filled the ice stables with	1	deficient practice will not recu	ive insie Po	
	rrater. Diaceo me ico	DUCKERS On the hadded	:	(a.) Hand hygiene observation	one will	ì
: '	ue nauga briot fo 601	failed to wash or sanitize ering and exiting the rooms.		DON, Unit Managers or des	SDC,	
	vivo eilli. On me 30	A on December 10, 2012, at 0 Wing Hallway, confirmed hor sanitize the hands		to assure that proper proceds being followed.	ires are	
ir	etween enterna and	Skilling the recess offer	}	(b.) Random inspection of ic	a carte	ļ
1 1	ining the ice pitchers :	and retuning the pitchers to	1	Will also be conducted by Di	etary	
! "	ie reoms.	i		Manager, DON, SDC or des	ignee.	
	eview of the lacility p	olicy. Hand Hygiene, with a revealed "if hands are not.		(c.) Random audits will be	j	ĺ
171	ションシン さくからひ、U56 SU S	(COM)(Inhaced hand with the	•	conducted to assure that no s	oiled	
; 15	utinely decontaminativations*	ing hands in all clinical	i i	dishes are in dining room wh trays are served.	éh	- 1
1.444	ar varizieted untav	10, 2012 at 11:00 a.m.,		· .		
1 X	alway, commed the mitize the hands duri	CNA failed to wash or		٠	}	
fo	low standard infectio	n practice,	!			j
∶Ol	eservation on Decem n., on the 300 Wing I	ber 10, 2012, at 10:45 fallway, during the ice	<u>}</u> !	19 AND		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER:	A BULLDIN	PLE CONSTRUCTION G	(X3) DAT	RM APPROV NO. 0998-0: SURVEY PLEYED
NAME OF PROVIDER OR SUPPLIER	445504	8. WING_		1	
NEWPORT HEALTH AND REN		1 74	GET ADDRESS, CITY, STATE, 21P CO 65 GENERATION DRIVE SWPORT, TN 37821		114/2012
PREFIX (EACH DEFICIENCY	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FIR 1, C IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDERS PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	JOHNSON	COLETECTO DATE
shelve with four cup of the holders had a the holder. Interview on Decemb Certified Nurse Assist Wing Hallway, confirm dried red substance in cup holders were dirty revealed the CNA was lice carts and the CNA kitchen prior to passin Observation and inten Nursing (DON) on December 10, 2012, at Interview with the Spee December 10, 2012, at	ant (CNA) #1, on the 300 hed the cup holders had a side of cup holder and the continued interview not sure who cleaned the "get the carts from the gice" Item with the Director of tember 10, 2012, at 12:00 m, confirmed the ice can dried red substance inside ice carts were used for item the lunch dining aled a bedside table in the low of half filled with a spoon inside the ps half full of coffee. In Therapist on 12:05 p.m., in the dining who of oalmeal and the two er from breakfast and the dining room prior to	1.5	(d.) Random audits of rooms will be conducted DON, Unit Managers, Housekeeping Supervised designee to assure that rooms are clean. How will the facility monit corrective actions to ensure efficient practice does not findings will be reported QAPI committee for a public months or until subcompliance has been detained the QAPI committee.	or or shower for its e that the recur? d to the	01/15/20

AND PLAN	OF CORRECTION	E & MEDICAID SERVICES DOI: PROVIDERS INPLEMENTALIA DENTIFICATION MARGER		EATTPLE CONSTRUCTION	(23) OV	RM APPRO NO. 0938-0 Estrice Pletes
		446504	S. WIN	G	- } -	- 02.2
NEWPO		HABILITATION CENTER		STREET ADDRESS, CITY, 87ATE, ZIP 135 GENERATION DRIVE NEWPORT, TN 37821	CODE	2/14/2012
(X4) FO PREFIX TAG		ATEMBRY OF DEPOSERIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PRETX	PROVIDERS PLAN OF A	ON SHOULD BE HE APPROPRIATE	CONFERENCE
	room. Continued ob substance on the or the trash liner besid	at the drain in the shower servation revealed a brown diside of the commode and on				01/15/20
	win the Director of I room #1, on the 100 brown loose debris a room, a brown substanting and a drie rash liner beside the other with the DC	Nursing (DON), in the shower Wing Hallway, confirmed the at the drain in the shower tance on the cutside of the ad brown substance on the acommode. Continued IN revealed there was a shower from and the stoff				

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	•	**************************************				
	-	·	[1	

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	IT OF DEFICENCIES OF CORRECTION	E & MEDICAID SERVICES ON) PROVIDENSUPPLIENCES DENTIFICATION NUMBER	(02) (6)	TO D COURTS designed	FORM APPROVE MB NO. 0938-03
		HATTANALINES MORE SURRENCE	A BUEL		DATE SURVEY COMPLETED
MALKENE	PROVIDER OR SUPPLIER	445504	0, W740		12/14/2012
•	RT HEALTH AND REH	ABILITATION CENTER	. 8	TREET ADDRESS, CITY, STATE, ZP CODE 138 GENERATION DRIVE NEWPORT, TN 37821	
(X4) ID PREFIX TAG		TEMENT OF DEFICIENCIES * MUST BE PRECEDED BY FULL OC DENT FYING INFORMATION	PREFIX TAG	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I GROSS-REFERENCED TO THE AMPROPRI DEFICIENCY)	SE COMPLETION
F 450 SS=D	483.70(d)(1)(iv)-(v) VISUAL PRIVACY	BEDROOMS ASSURE FULL	F 460		
	assure full visual pr	designed or equipped to ivacy for each resident.		How will corrective action be accomplished for those residents found to have been affected by the	01/15/201
!	except in private roo ceiling suspended of	ertified after March 31, 1992, oms, each bed must have surfains, which extend around		deficient practice? On 12/11/12 the Maintenance Director repaired the privacy	
!	the bed to provide to	otal visual privacy in jacent walls and curtains.		curtain of Residemt # 30. Broker plastic support hooks were removed and new ones installed	·
	by:	T is not met as evidenced on and interview the facility		This assured that curtain could be pulled freely around bed so that visual privacy was achieved.	pe l
· 1	failed to provide full residents (#30 & #14 reviewed.	visual privacy for two		How will the facility identify other residents as having the potential to	be į
}	The findings include:	d: į	1	affected by the same deficient practice?	
,		sident room on December	}	On 12/11/12, during survey, an audit of all privacy curtains	
. F . S . C . I S	privacy curtain with s support the privacy c observation of reside evealed several brot	m., revealed resident # 30's everal broke plastic hooks to urtain. Continued urtain. Continued int #148's privacy curtain we plastic support hooks and urting the privacy curtain		throughout the facility was completed. Any curtains found r functioning correctly were repair or replaced by Maintenance Director or housekeeping staff.	not red
	Diservation and International Internation and Internation and International Internatio	rview with the facility on December 11, 2012, at I the privacy curtains were ide full privacy for the two			
	12.00) Previous Vocations Obs.	ofeto Event #2:002421		y R. TNIGOZ	

[&]quot;Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law."

	OF DEFECTION	CY) PROVIDENSUPPLEMENTAL A DEMTFERATION MUMBER	(PZ) NEE A. SEALD	TERE CONSTRUCTION NO	COLED (COLED)	LOGOS-036 LOGOS-
		445504	ENABLITATION CENTER STATE, 25° CODE 136 GENERATION DRIVE		12/14	/2012
	OVIDER OR SUPPLIER THEALTH AND REHABILITATION CENTER				\$1900T/CORESS, CITY, \$75/E, ZEP COOF	
CXA) ID PREPIX TAG	1004714-163-16	PATEMBAT OF DEPTEMBACES "Y MARKY BE PRECEDED BY FILL LEC DENTIFYING INFORMATION)	PREFEK TAĞ	PROVISERS PLAN OF CONTRECT (BACH CORRECTIVE ACTION SHOUL CROSS-RESERVACION TO THE ACTION DEFICIENCY)	Pow I	OUT) CONFLETION DATE
, the second second second second second second second second second second second second second second second			F 460	What measures will be put in systemic changes made to ensithe deficient practice does not Housekeeping staff, nursing therapy staff and ambassad been educated by SDC or doen to ensure that privacy curtain working order so that full privacy can be assured. All has been instructed to report mechanical issues with the contains to Maintenance Din and to report curtains that as long enough to surround the the Housekeeping Supervise that a new one can be hung. Ambassador rounds (Mon—and Manager-on-Duty Round (Sat-Sun) will include obsert of privacy curtains with any to be reported to the approprianty. How will the facility monitor its corrective actions to ensure that deficient practice does not recurrently for a period three months or until substant compliance is determined by QAPI committee.	ure that recur? g staff, ors have esignee its are l visual staff t privacy rector re not bed to or so Fri) ds vation issues iate t the r? the	01/15/

[&]quot;Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law."

TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION	ARE & MEDICAID SERVICES OXI) PROVIDENSUPPLIENCIA	212		FORM APPROVE OMB NO. 0938-030
as a contraction	DENTIFICATION NUMBERS	(A. 50.0L)	LTIPLE CONSTRUCTION PHG	(X3) DATE SURVEY
MC OF COM	445504	445504 U. WHG		12/14/2012
	EHABILITATION CENTER	. 1	TREAT ADDRESS, CITY, STATE, ZP CODE 136 GENERATION DRIVE NEWPORT, TH 37821	12014/2012
TAG REGULATORY	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL IR LIBC IDENTIFTING INFORMATION)	PREFEX TAG	PROVIDERS PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REPERSINEED TO THE APPIN DEPCHENCY)	TON COST, CO
i Lesideut Callà fut	ENT CALL SYSTEM - T/BATH on must be equipped to receive ough a communication system oms; and tollet and bathing	F 463	How will corrective action be accomplished for those resider found to have been affected by deficient practice? The call lights were replace Residents # 107 & # 69 and working order. This was coron 11DEC2012.	the 01/13/2 d for are in
Based on observation and it with the Social William with the resident and it with the Social William with the social William with the social William with the resident and it room, with License December 11, 201 resident's bedside activated. Interview confirmed the resident	ENT is not met as avidenced ration and interview, the facility a nursing call system for two arty sampled residents ded: Interview, in the resident's room, orker on December 11, 2012, at led resident #107's bedside call in cut. Interview at that time ident's call light was not in interview, in the resident #69's at Practical Nurse (LPN #1) on 2, at 10:30 a.m., revealed the call light could not be with the LPN at that time itent's call light was not in		How will the facility identify of residents as having the potential affected by the same deficient practice? An audit was completed on 12/28/12 by management state call lights in the building we reviewed to insure they were functioning properly. What measures will be put in playstemic changes made to ensure deficient practice will not reconsidered to the proper functionality during Ambassadors on checking of lights for proper functionality during Ambassador Rounds (Sat-SThey were instructed to report	al to be aff. All re lace or re that ? call Mon— un).
functioning order.			issues with the functionality of lights to the Maintenance Direction. Extra call light cords are available in central supply and med root after hours or weekend available will the facility monitor its corrective actions to ensure that	able m for bility.

Findings will be reported to the QAPI committee for a period of

three months or until substantial compliance is determined by the QAPI committee:

TATEMENT OF DEFICIENCIES NO PLAN OF CORRECTION	(X1) PROVIDENSEMPLIERCE IA IDENTIFICATION MEMBER:	A BUILD	THE COMMISSION	MB NO. 0938.	
	448504	S. WING		}	
THE OF PROVIDER OR SUPPLIER IEWPORT HEALTH AND REHABILITATION CENTER		ł ⁷	REET ADDRESS, CITY, STATE, ZIP COCK INS GENERATION DRIVE NEWPORT, TN 97825	12/14/2012	
	EMBAT OF DESIGNATIONS MUST BE PROCEDED BY FULL DENTIFYING INFORMATION	PREFIX TAG	PROVIDERS PLAN OF CORRECTION (SEACH CORRECTIVE ACTION SHOULD) CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	oc lassifi	
F 520 . 483.75(o)(1) QAA SS=0 [†] COMMITTEE-MEMBI QUARTERLY/PLANS	ERSAMEET	F 520	How will corrective action be accomplished for those residents found to have been affected by the deficient practice? On 12/13/12 the Medical Directions in the content of the medical deficient practice?		
assurance committee nursing services; a phr facility; and at least 3 of facility's staff. The quality assessment committee meets at least some services with respect to a section to correct identifica	at and assurance ast quarterly to identify which quality assessment are increasery; and nic appropriate plans of led quality deficiencies. If may not require is of such committee disclosure is related to the nmittee with the cition. The committee to identify iencies will not be used as incit met as evidenced		was contacted in reference to heack of signing-in at the month Quality Assurance Meetings. Seconstructed a letter verifying heatendance at said meetings. The letter was then faxed to the Dep Health as verification of her attendance. How will the facility identify other residents as having the potential traffected by the same deficient practice? On 12/13/12, it was determined no residents had the potential to harmed by the Medical Director being in attendance and failing sign-in to the monthly Quality Assurance Meeting.	er ly She er his ot of that	

STATEMENT OF DEFICIENCIES AND PLAY OF CORRECTION		(X1) PROVIDER/SUPPLIER/OLA IDENTIFICATION MUMBER:	PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: A. BULLDING		FORM APPRO OMB NO. 0938-0 OS) DATE SURVEY COMPLETED		
VILLE OF	OTG I TO TO	445504	B. WING)		
	PROVIDER OR SUPPLIER		1		12	14/2012	
NEWPO	RT HEALTH AND REA	HABILITATION CENTER	13	TREET ADDRESS, CITY, STATE, ZIP CODE			
		A TOWN WINDS CERTEN	1	100 REMEMONING BOSINE			
(X4) ID PREFIX	EX SUMMARY SYATEMENT OF DEFICIENCIES			NEWPORT, TN 37821			
TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	id Prefox Tag	PROVIDERS PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO) CROSS-REFERENCED TO THE APPRI DIFFICIENCY)		COSMPLICATED DATES	
E 630			· · · · · · · · · · · · · · · · · · ·	: applicately		1	
r 320	Continued	·	F 520			}	
	Assurance (QAA) sign-in sheets, observation and		1. 520	What measures will be put in place or systemic changes made to ensure that		01/15/20	
i		"TOWN TIWITS IN INC. INC. INC. INC. INC. INC. INC. I					
TO THE PROPERTY OF THE PROPERT			deficient practice will not recur? As part of the agenda for future				
QAA meetings for one of six monthly meetings reviewed.						Ì	
			Quality Assurance Meeting		ugs a role		
i i	The findings include:	<u>, </u>	;	call will be read from the list		of	
Review of the facilities QAA sign-in sheets for			Ţ	those in attendance to verify	erify that		
			1	the Medical Director has, in-	fact		
l i	Way, June, July, San	tember, October and	ļ	signed her name to (at a minimum)			
11	YOVERDOON, ZUIZ, NEV	Paint the decided	!	the required quarterly meeting	E.		
	anysician had not sic	ned the facilities eign in	į	•	_ 1		
•	meet indicating high	er attendance at the monthly.	į	How will the facility monitor its	- 1		
į Ç	DAA meetings,	i interest and are interest.	i	corrective actions to ensure that	the		
	Mara - 11 -	į	-	deficient practice will not recur?	.		
i <u>C</u>	Observation on December 9, 2012 and			The results of the Attendance			
1 7	December 13, 2012, revealed the facilities medical director was in the facility making rounds for the residents.		ĺ	Verification during the QA Meeting will then be shared with			
fo			i				
[1	1	the members of the OA Team	}	i	
Interview with the Administr		linistrator on December 42		quarterly for 12 months. This	1		
41	1 40 14, St 4:00 p.m., in the administrators office		practice began at the Dece		nber [
110	ARSTRIC THE LEGILLA LUC	POTS AA 3 99A4666 6	1	meeting held on 17DEC12.	[- 1	
	rus, multiner interviesk	(With the administrator	- 1				
(C0	iritimed the designal	ted physician falled to size	ļ		1	1	
; ми	e ranimas AWW BIAD.	ID SDOOMS for Maru Illea	į	• :	-	1	
Fu	ither interview recol	ber and November 2012. iled the physician was in	í		ĺ	į	
the	building on Decemi	her 13 2012	i		1	- 1	
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